

**WORKFORCE INVESTMENT ACT ADULT AND DISLOCATED WORKER  
KANSAS ELIGIBLE TRAINING PROVIDER APPLICATION  
LOCAL AREA IV**

This application form is developed in compliance with federal law and state policy to place training programs offered by providers on the state-wide list as eligible to receive WIA funds from local workforce investment areas for the training of adults and dislocated workers.

**GENERAL PROVIDER INFORMATION**

(complete only one set of pages 1 and 2 per institution/organization submittal)

Name of institution/organization \_\_\_\_\_

Address \_\_\_\_\_

Federal EIN \_\_\_\_\_

Admissions Phone \_\_\_\_\_ Financial Aid Phone \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Type of institution/organization (check one)

Charitable/Faith Based Organization

Four Year College/University

Community Based Organization

Government Agency

Private Career School/College

Other (specify) \_\_\_\_\_

Public Community College, Technical School,  
Technical College

Employer

Labor Union

Private Corporation

If a proprietary school, does your institution have a certificate of approval from the Kansas Board of Regents?    Yes    No.

If no, does your institution meet one of the conditions for exemptions contained in the Kansas Proprietary School Act?    Yes    No.

If no, stop. Your application cannot be approved. For more information on the Kansas Proprietary School Act, call the Kansas Board of Regents at (785) 296-4917.

Does your institution offer alternative formats of written materials, sign language interpreters and other reasonable accommodations available on request for people with disabilities?    Yes    No

If "No", stop. Your application cannot be approved. If "Yes", describe or attach your policy on reasonable accommodations made for testing, training, and training materials.

Brief description of training institution and facility(ies)

Please attach:

Catalog or other description for each program included in this application. The catalog should include your refund and EEO policies.

Current class schedule

Documentation of financial stability (independent audit, annual corporate report, or financial statements for the last twelve months)

Signed Certificate of Debarment and Suspension

**By my signature, I hereby certify that all information provided in this application package, including attachments, is accurate as of the date of submission. I also understand that my organization may be asked to provide supporting documentation concerning the information presented before certification is executed. I further certify my understanding that any or all of the items included in the application may be displayed as part of the Kansas statewide list of WIA-certified training providers.**

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Signature of authorized official

Date

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Printed name and title of authorized official

### SPECIFIC TRAINING PROGRAM INFORMATION

(complete one set of pages 3-5 for *each training program* to be considered for inclusion on the statewide list)

Name of institution/organization \_\_\_\_\_

Name of training program \_\_\_\_\_

**Program category** (check one)

Adult Education/Literacy (combined with other training)

Job Readiness Training

Registered Apprenticeship Program

Workplace Training (combined with related instruction)

Other (specify) \_\_\_\_\_

Entrepreneurial Training

Occupational Skills Training

Skill Upgrading and Retraining

**Type of training** (check one)

Course/Seminar/Workshop

Certificate Program for a Skill Set

Certificate Program, less than 1 full-time equivalent academic year

Certificate Program, between 1 and 2 full-time academic years

Certificate Program, between 2 and 4 full-time academic years

Associate Degree

Baccalaureate Degree

Post-baccalaureate Degree

Registered Apprenticeship Program

**Total Hours of Instruction**

Contact Hours \_\_\_\_\_ Credit Hours \_\_\_\_\_ Other (specify) \_\_\_\_\_

**Class Size** \_\_\_\_\_ minimum to \_\_\_\_\_ maximum, \_\_\_\_\_ average

**Instructor to Student Ratio** \_\_\_\_\_ instructor to \_\_\_\_\_ students

Minimum skill level **entry requirements**; i.e. HS diploma or equivalent, reading and math grade levels, special testing, etc. \_\_\_\_\_

Does the training prepare the customer for **certification, registration or licensing**? Yes No

If yes, list the type of the certification, registration or licensing and the agency responsible for issuing.

Type \_\_\_\_\_ Agency \_\_\_\_\_

Brief **description** of training program

**Cost of training program**

Tuition	\$ _____	Uniforms	\$ _____
Fees	\$ _____	Tools	\$ _____
Books (estimate)	\$ _____	Other (specify)	\$ _____
Supplies (estimate)	\$ _____	TOTAL	\$ _____

Describe **discounts or allowances** (if any) for Workforce Investment Act students.

Describe **financial assistance** available to students.

Are students in the program eligible for **Pell Grants** under Title IV of the Higher Education Act of 1965, as reauthorized in 1998?

Yes, date of certification granted by USDOE \_\_\_\_\_ No

Is the program approved by the Kansas State **Board of Regents**? Yes No

Is the program approved by an equivalent entity in another state?

Yes, state \_\_\_\_\_, entity \_\_\_\_\_ No

Is this an **apprenticeship program** registered with the Kansas Apprenticeship Council or US DOL Bureau of Apprenticeships and Training?

Yes, date registered \_\_\_\_\_, state \_\_\_\_

No. Is registration pending: Yes No

**Determination of initial or subsequent application status.** Law and policy provide different reporting requirements for programs, depending on status of the applying institution or organization

Has this program been approved for the statewide list during the last 18 months? Yes No

If yes, this is an application for subsequent eligibility. Complete the performance information below.

If no, this is an application for initial eligibility. Requirement of performance information depends on the answer to the following question. Does your institution meet one of the following criteria? (check those that apply)

Postsecondary education institution eligible to receive federal funds under Title IV of the Higher Education Act of 1965

Postsecondary education institution that provide a program that leads to an associate or baccalaureate degree or certificate

Entity that carries out programs under the Act commonly known as the National Apprenticeship Act

If any of the above is checked, the performance information below is optional.

If none of the above three categories are checked, the performance information below is required.

## **PERFORMANCE INFORMATION**

Has this program been offered long enough for a group of students to have completed the coursework and entered the employment market?

Yes    No    If yes, provide all performance information. If no, explain when program began and when it will end, and provide enrollment information below.

Reporting period, most recent twelve month period that includes a class cohort who have completed the program and had time to enter the employment market. From \_\_\_\_\_ To \_\_\_\_\_

Number of students enrolled in the program \_\_\_\_\_

Number who successfully completed the program \_\_\_\_\_

Number who obtained unsubsidized employment \_\_\_\_\_

Average wage at placement \$ \_\_\_\_\_/hour

Describe the methods used to gather the above information

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION,  
INELIGIBILITY AND VOLUNTARY EXCLUSION--  
LOWER TIER COVERED TRANSACTIONS**

Instructions for Certification

1. By signing below the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by signing below that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by signing below that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge

and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions

1. The prospective lower tier participant certifies, by signing below, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation.

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Signature

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Date